

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 2/11/04

2 Serial/Patent # 09/178,329

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$ 475.

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 475.

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9

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10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Extension filed late.

After expiration of six-month statutory period for reply.

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

TITLE:

SIGNATURE:

PHONE:

OFFICE:

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED:

DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: